## **Application Data Sheet**

<b>Application Information</b> Application Type::	Regula	ır	
Subject Matter::	Utility		
Suggested Classification::			
Suggested Group Art Unit::			
CD-ROM or CD-R?::	None		
Title::	Augme	ents for	Surgical Instruments
Request for Early Publication	?::	No	,
Request for Non-Publication	?::	No	
Suggested Drawing Figure::	4, 8		
Total Drawing Sheets::	3		
Small Entity::		No	
Petition included?::		No	
Secrecy Order in Parent Appl	?::	No	
Applicant Information			
Applicant Authority type::			Inventor
Primary Citizenship Country:		US	
Status::	Full Ca	apacity	
Given Name:	Deb		
Family Name::	Germa	ın	
City of Residence::	Plymo	th	
State or Province of Residence	e::	IN	

Country of Residence:: US

Street of mailing address:: 13445 Linwood Drive

City of mailing address:: Plymoth

State or Province of mailing address:: IN

Postal or Zip Code of mailing address:: 46563

**Applicant Information** 

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name: Rick

Family Name:: Keeven

City of Residence:: Warsaw

State or Province of Residence:: IN

Country of Residence:: US

Street of mailing address:: 307 N. Washington

City of mailing address:: Warsaw

State or Province of mailing address:: IN

Postal or Zip Code of mailing address:: 46580

**Applicant Information** 

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name: Mari

Family Name::

Truman

City of Residence::

Warsaw

State or Province of Residence::

IN

Country of Residence::

US

Street of mailing address::

221 North Union Street

City of mailing address::

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State or Province of mailing address::

IN

Postal or Zip Code of mailing address::

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**Correspondence Information** 

Correspondence Customer Number:: 28078

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## Representative Information

Representative Customer Number:	
	28078

## **Domestic Priority Information**

Application::	Continuity Type:	Parent Application::	Parent Filing Date::